

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54991  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Permit #: 16-00570  
Date: 4-25-16  
Amount Paid: \$75  
Refund:

RECEIVED  
APR 22 2016  
Bayfield Co. Zoning Dept.  
for site

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: William M. Teatt & Associates  
Mailing Address: 74300 Airport RD, Iron River WI 54847  
City/State/Zip: Iron River WI 54847  
Telephone: 715-372-4465  
Cell Phone:

Address of Property: 74300 Airport RD  
City/State/Zip: Iron River WI 54847  
Contractor Phone: Plumber:  
Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Agent Phone: Agent Mailing Address (include City/State/Zip):  
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)  
S1/2 NW 1/4, S1/2 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:  
Recorded Document (i.e. Property Ownership) Volume Page(s)

Section 12, Township 48 N, Range 09 W Town of: Cold  
Lot Size: Acreage: 20.158

☒ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue

Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: feet  
Is Property in Floodplain Zone? ☒ Yes ☐ No  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion \* include donated time & material: \$15,000  
Project: ☐ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City  
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well  
☐ Conversion ☐ 2-Story ☒ 3 ☒ Sanitary (Exists) Specify Type: ☒ Existing Tank  
☒ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)  
☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract)  
☐ Foundation ☐ None ☐ Compost Toilet ☐ None

Existing Structure: (If permit being applied for is relevant to it) Length: 36' Width: 24' Height: 14'  
Proposed Construction: Length: Width: Height:

Proposed Use: ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure: ☐ Principal Structure (first structure on property) ☐ Residence (i.e. cabin, hunting shack, etc.) ☐ with Loft ☐ with a Porch ☐ with (2nd) Porch ☐ with a Deck ☐ with (2nd) Deck ☐ with Attached Garage ☐ Bunkhouse w/ ( ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) ☐ Mobile Home (manufactured date) ☐ Addition/Alteration (specify) ☐ Accessory Building (specify) ☒ Accessory Building Addition/Alteration (specify) Move to another location

Rec'd for Issuance: APR 25 2016  
Special Use: (explain) ☐ Conditional Use: (explain) ☐ Other: (explain) ☐

Dimensions: Square Footage: 964

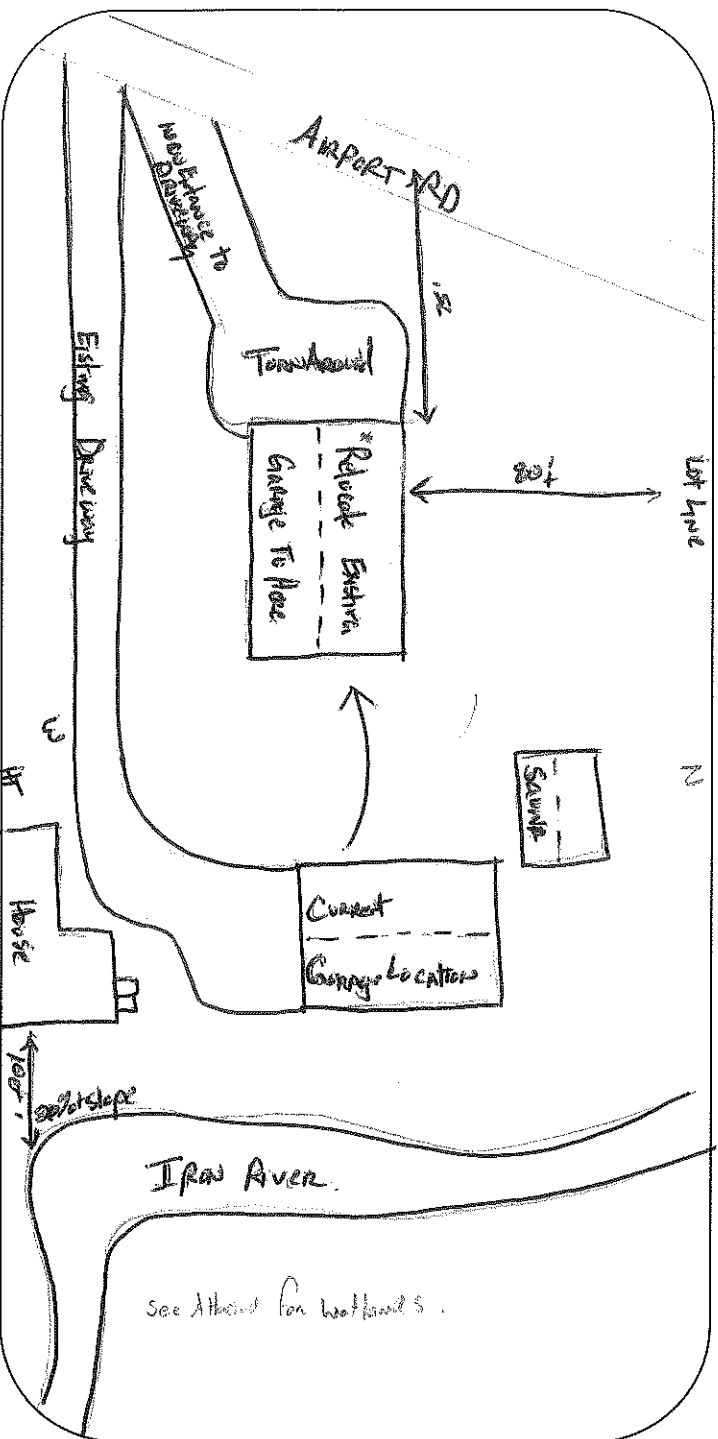
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William M. Teatt & Associates Date: 4/1/16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date:   
Address to send permit 74300 Airport RD, Iron River WI 54847  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	190' Feet
Setback from the North Lot Line	80' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500' Feet	Setback from Wetland	150' Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	Feet	Elevation of Floodplain	150' Feet
Setback to Septic Tank or Holding Tank	75' Feet	Setback to Well	50' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0080		Permit Date: 4-25-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: SIGNIFICANT BLUFF FAILURE DISCOVERED DURING INSPECTION. ALMOST LOST PROPERTY OWNER PRESENT. PRESENT PROPOSED PROPERTY LINE. SIGNIFICANTLY LESS THAN 15' imp. SURFACE.		Zoning District: 1		
Date of Inspection: 4-22-16		Inspected by: STEPHEN W. WILSON		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Reclassification (3-Item): 1		
By Ordinance Not Approved For Future Construction or Interior Plumbing fixtures.		Date of Re-inspection: 4-25-16		
Signature of Inspector: [Signature]		Date of Approval: 4-25-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For BA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

STATEMENT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
APR 22 2016  
Bayfield Co Zoning Dept

Permit #:	16-0067
Date:	4-28-16
Amount Paid:	\$175
Refund:	4-28-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ENTERED

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: William M. Teatt & Ann I. Teatt	Mailing Address: 74300 Airport RD, Iron River, WI 54847	Telephone: 715-372-4495
Address of Property: 74300 Airport RD	City/State/Zip: Iron River, WI 54847	Cell Phone:
Contractor: Olson Bros. Contractors of Eagle	Contractor Phone: 715-372-4919	Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Sub 1/4, Sec 1/4	Legal Description: (Use Tax Statement) 04-038-2-48-09-12-3 02-000-2000	Recorded Document: (i.e. Property Ownership) Volume: Page(s):
Section 12, Township 48 N, Range 09 W	Town of: Cuba	Lot Size: Acreage: 20.158.
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input type="checkbox"/>	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet
<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material: \$ 20K	Project: New Construction	# of Stories and/or basement: 1 Story	Use: Seasonal	# of bedrooms: 1	What Type of Sewer/Sanitary System Is on the property?: (New) Sanitary	Water: City
<input type="checkbox"/> Addition/Aleration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>1 1/2</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists)	Specify Type: <u>1 1/2</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Private (pit) or Vented (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>20'</u>	Width: <u>10'</u>	Height: <u>10'</u>
Proposed Construction:	Length: <u>20'</u>	Width: <u>10'</u>	Height: <u>10'</u>

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions: (10 X 30)	Square Footage: 5600
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( )	
<input type="checkbox"/> Municipal Use	with Loft	( )	
	with a Porch	( )	
	with (2nd) Porch	( )	
	with a Deck	( )	
	with (2nd) Deck	( )	
	with Attached Garage	( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	
	Mobile Home (manufactured date)	( )	
	Addition/Aleration (specify)	( )	
	Accessory Building (specify)	( )	
	Accessory Building Addition/Aleration (specify)	( )	
Rec'd for Issuance: APR 28 2016	Special Use: (explain) <u>SHORELAND GRADING</u>	(10 X 30)	5600
	Conditional Use: (explain) <u>9 RETAINING WALL</u>	( )	
	Other: (explain)	( )	
Secretarial Staff			

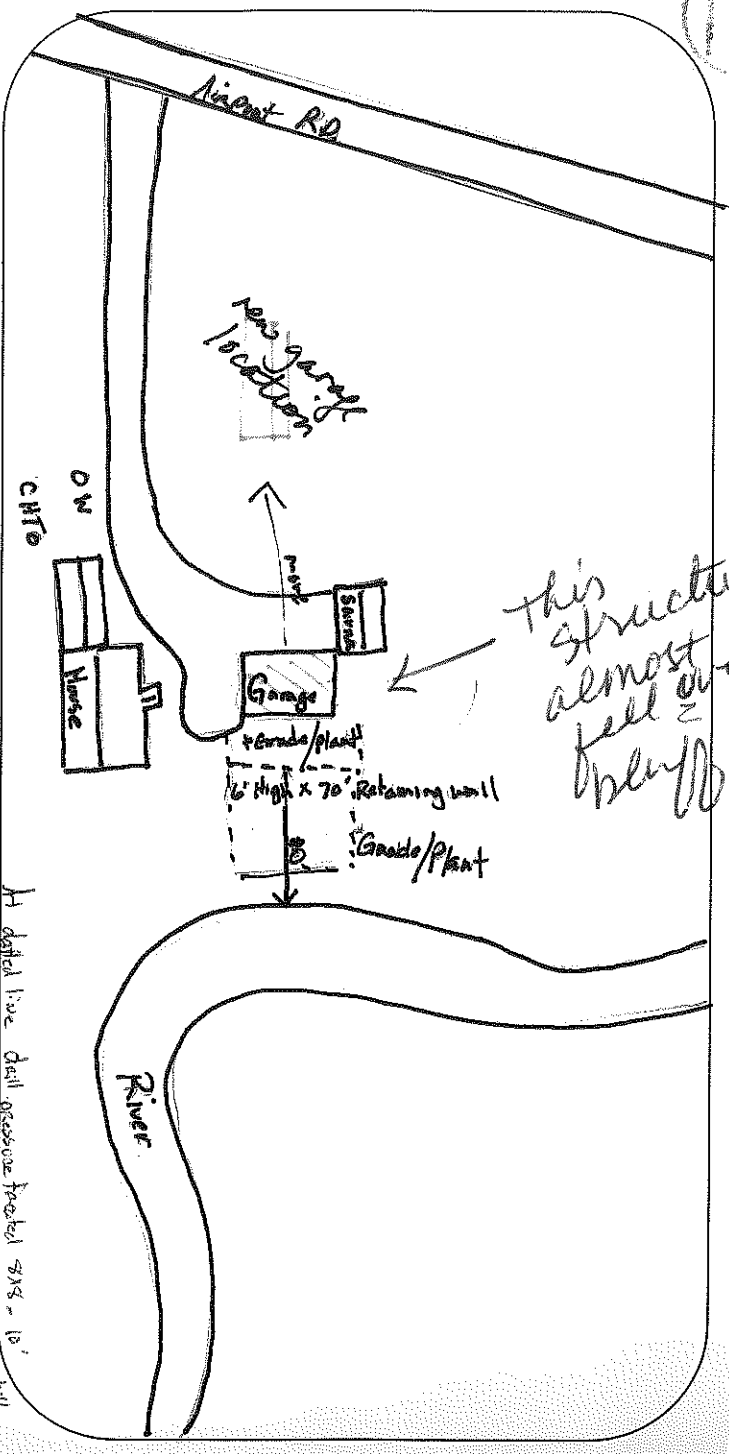
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing this information with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William M. Teatt & Ann I. Teatt Date: 4/17/16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date:   
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 74300 Airport RD, Iron River WI 54847  
Copy of Tax Statement  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 200 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0067</u>	Permit Date: <u>4-28-16</u>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Inspection 4-22-16 owner. Inspection 4-27-16 w/ land conservation agent + Tracy B.E. Recommendations to owner to remove (6) pieces to initiate project. Diverse is expensive to remove. Inspectors are not responsible for this. Inspectors are not responsible for this. Inspectors are not responsible for this.</u>		Inspected by: <u>6-28-2016</u>		Zoning District	<u>( )</u>	Lakes Classification	<u>( )</u>
Date of Inspection: <u>4-22 &amp; 4-27</u>				Date of Re-Inspection: <u>4-28-16</u>			
Condition(s): <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)</u>							
The smallest amount of bare ground shall be exposed for the shortest time feasible. Temporary ground cover, such as mulch, shall be used + permeant cover planted. Disturbance of soils begins the opening that water under shall require a permit from owner. This permit does not permit the placement of rip rap.							
Signature of Inspector: <u>[Signature]</u>							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>4-28-16</u>			

ONLY FUTURE AND/OR GRADING DEVIATION TO MINIMIZE EROSION. SEWAGE TREATMENT AND IMPROVEMENT OF FISH AND WILDLIFE HABITAT + LOCALITY IS ACCOMPLISHED IN CONFIDENTIALITY BY THE APPLICABLE FEDERAL, STATE + LOCAL AGENCIES.



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Dept.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

PA cash \$750

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN

ENTERED

Date Stamp (Received)

SEP 01 2015

Bayfield Co. Zoning Dept.

Permit #:	16-00173
Date:	4-29-16
Amount Paid:	\$750
Refund:	4-29-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Russ Heide</u>	Mailing Address: <u>P.O. Box 7</u>	City/State/Zip: <u>Iron River, WI</u>	Telephone: <u>715-372-4937</u>
Address of Property: <u>70295 Ranselene Road</u>	City/State/Zip: <u>Iron River, WI</u>	Cell Phone: <u>715-292-2564</u>	
Contractor: _____	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>888-2-48-29-36-4</u>	Recorded Document: (i.e. Property Ownership) Volume <u>763</u> Page(s) <u>262</u>
<u>NE 1/4, SE 1/4</u>	Gov't Lot _____	Lot(s) _____	Block(s) No. _____
Section <u>36</u> , Township <u>48</u> N, Range <u>9</u> W	CSM _____	Vol & Page _____	Subdivision: _____
Town of: <u>Oulu</u>	Lot Size _____	Acreage <u>12.4</u>	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$6000.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<u>deck only</u>						

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>78'</u>	Width: <u>24'</u>	Height: <u>16'</u>
Proposed Construction:	Length: <u>8x48 + 10x48</u>	Width: <u>48</u>	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use <u>deck only</u>	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>Residence (i.e. cabin, hunting shack, etc.)</u>	( <u>78</u> x <u>48</u> )	<u>384</u>
	<u>with Loft</u>	( <u>70</u> x <u>48</u> )	<u>480</u>
	<u>with a Porch</u>	( <u>78</u> x <u>48</u> )	<u>384</u>
	<u>with (2") Deck</u>	( <u>78</u> x <u>48</u> )	<u>384</u>
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> with Attached Garage	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Addition/Alteration (specify) <u>8x48 open porch</u>	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Accessory Building (specify) <u>10x48 enclosed porch</u>	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Special Use: (explain) _____	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Other: (explain) _____	( <u>78</u> x <u>48</u> )	<u>384</u>
	<input type="checkbox"/> Secretarial Staff	( <u>78</u> x <u>48</u> )	<u>384</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): CR Heide Date 9/1/15  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: PO, Box 7 Iron River, WI 54847 Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	180' - Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	352' - Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100' - Feet	Setback from Wetland	Feet
Setback from the West Lot Line	152' - Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	180' - Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20' - Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-1375	# of bedrooms: 1	Sanitary Date: 10-20-15			
Permit Denied (Date):	Reason for Denial:						
Permit #: 16-0073	Permit Date: 4-29-16						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:						
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: initial inspection found no problem from septic to drain. total order system verification. required in addition. ground now been done w/ permit dated in							
Date of inspection:	Inspected by: [Signature]	Sanitary Date: M.F. last year.	Date of Re-inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
None							
Signature of Inspector: [Signature]				Date of Approval: 4-29-16			
Hold For Sanitary: <input type="checkbox"/>	Hold For B.A.: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

Russ Heule  
70295 Rangeline Road

70295 Rangeline Road

715-292-2561

Lot Line

~~Proposed Deck ---  
48' x 8'  
with Roof~~

SEPTIC  
Tank

10 x 48  
enclosed  
Rorch

Hase

Tangeline Road

70295

2301

port

GARAGE